

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NOV 19 1937

1. PLACE OF DEATH

County Linn
Township North Salem
City (No. 1)Registration District No. 497
Primary Registration District No. 5672File No. 38117
Registered No. 17

2. FULL NAME

(s) Residence, No. Thomas Lewis McDannald
(Usual place of abode)St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Lavina Simpson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 18607. AGE YEARS 77 MONTHS 1 DAYS 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1937 11. Total time (years) spent in this occupation 5012. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Mo.
(STATE OR COUNTRY)13. NAME Samuel W. McDannald14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)15. MAIDEN NAME Martha A. Hendley16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)17. INFORMANT Mrs. T. L. McDannald
(ADDRESS) Shelby, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Harner Cema DATE Oct. 10 3719. UNDERTAKER Rusk Funeral Home
(ADDRESS) Brookfield, Mo.20. FILED Oct. 30 1937 Mrs. Lila Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 193722. I HEREBY CERTIFY, That I attended deceased from January, 1937, to October 8, 1937I last saw him alive on October 8, 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Obstructive carcinoma of pyloric end of stomach

Date of onset

Other contributory causes of importance:

Pernicious Anemia
Chronic Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... 3

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) G. H. Thoenig R.O., M.D.(Address) Purdin, Mo.

